

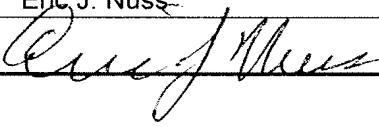
Request For Continued Examination (RCE) Transmittal Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<i>Application Number</i>	10/674,017
	<i>Filing Date</i>	September 30, 2003
	<i>First Named Inventor</i>	BAEK, Myoung Kee
	<i>Art Unit</i>	1792
	<i>Examiner Name</i>	TALBOT, BRIAN K
	<i>Attorney Docket No.</i>	8734.240 US

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 CFR 1.114	Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).	
a. <input checked="" type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.	i. <input checked="" type="checkbox"/> Consider the arguments in the Amendment previously filed on <u>March 4, 2010</u> ii. <input type="checkbox"/> Other _____	
b. <input type="checkbox"/> Enclosed	i. <input type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	iii. <input type="checkbox"/> Information Disclosure Statement (IDS) iv. <input type="checkbox"/> Other _____
2. Miscellaneous		
a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)		
b. <input type="checkbox"/> Other _____		
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.		
a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees, or credit any overpayments, associated with filing this Request for Continued Examination to Deposit Account No. 50-0911.		
i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)		
ii. <input checked="" type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)		
iii. <input type="checkbox"/> Other _____		
b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed		
c. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>50-0911</u> in the amount of <u>\$940.00</u> to cover the above fees.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Eric J. Nuss	Registration No. (Attorney/Agent)	40,106
Signature			Date
			April 2, 2010